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APPLICANTS

Rich Ewers, Fullerton, CA;
 Vahid C. Saadat, Saratoga, CA;
 Ken Michlitsch, Livermore, CA;
 Chris Rothe, San Jose, CA;
 Rodney Brenneman, San Juan Capistrano, CA;
 Cang Lam, Irvine, CA;
 Eugene Chen, Carlsbad, CA;

**** CONTINUING DATA *******

This application is a CIP of 10/672,375 09/25/2003 PAT 7,416,554
 which claims benefit of 60/500,627 09/05/2003

This application 10/734,547
 is a CIP of 10/612,170 07/01/2003
 which claims benefit of 60/433,065 12/11/2002

This application 10/734,547
 is a CIP of 10/639,162 08/11/2003 PAT 7,618,426
 which claims benefit of 60/433,065 12/11/2002

This application 10/734,547
 is a CIP of 10/173,203 06/13/2002 PAT 7,128,708
 and is a CIP of 10/458,060 06/09/2003
 which is a CIP of 10/346,709 01/15/2003 PAT 7,637,905
 and claims benefit of 60/471,893 05/19/2003

This application 10/734,547
 is a CIP of 10/288,619 11/04/2002 PAT 7,160,312
 which is a CIP of 09/746,579 12/20/2000 PAT 6,991,643
 and is a CIP of 10/188,509 07/03/2002 PAT 7,186,262
 which is a CIP of 09/898,726 07/03/2001 PAT 6,626,899
 which is a CIP of 09/602,436 06/23/2000 PAT 6,669,687
 which claims benefit of 60/141,077 06/25/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 03/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 42	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

40518

TITLE

APPARATUS AND METHODS FOR FORMING AND SECURING GASTROINTESTINAL TISSUE FOLDS

FILING FEE RECEIVED 893	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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